## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16** - 30, 2012. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse does not have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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APPLICATION FOR	• • • • • • • • • • • • • • • • • • • •	<u></u>			Version 7/
FEDERAL ASSISTANCE	· · ·	2. DATE SUBMITTED November 15, 2012		Applican	it Identifier Food and Agriculture
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE		pplication Identifier
Application	Pre-application	November 15, 2012		•	
☐ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AC	SENCY Federal I	Identifier
☑ Non-Construction	Non-Construction			13-8506-	-1050-CA
5. APPLICANT INFORMATION	destruction of the control of the co				
Legal Name:	•	•	Organizatio	nal Unit:	
State of California		-	Department: Food and Ag	riculture	
Organizational DUNS:	KL	CEIVED	Division:	and Pest Preventic	an Camilana
807487665 Address:		- IVED			of person to be contacted on matters
Street:	. A	10V 1 6 2040	involving th	s application (giv	e area code)
1220 N Street, Room 315		IOV 16 2012	Prefix:	First Nan	
City:	STATE	LEARING HOUSE	Middle Name	Jason	
City: Sacramento	ייוובן	LEARING HOUSE	.K		
County: Sacramento			Last Name Chan		
	Zip Code 95814		Suffix:	· · · · · · · · · · · · · · · · · · ·	•
California	95814	·		·	
Country: United States		4.0	Email: jason.chan@	cdfa.ca.gov	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			er (give area code)	Fax Number (give area code)
68-0325104			(916) 654-12	11	(916) 654-0555
8. TYPE OF APPLICATION:			<u> </u>		e back of form for Application Types)
V New	Continuation	n 🔲 Revision		ATTEROART. (OCC	back of form for Application Types)
If Revision, enter appropriate lette	er(s) in box(es)	i Li Revision	A - State		· · · · · · · · · · · · · · · · · · ·
(See back of form for description	of letters.)		Other (specify	)	+ <b>8.</b> //
Other (specify)	<u>.</u>		O NAME OF	FEDERAL AGENC	OY: # #
Other (specify)			USDA/APHIS		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIP	TIVE TITLE OF A	PPLICANT'S PROJECT:
		1 0-0 25	Citrus Pests	Survey	
TITLE (Name of Program):				·	•
TITLE (Name of Program): Plant and Animal Disease, Pest (				*	
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties,	States, etc.):			
State of California					
13. PROPOSED PROJECT			14. CONGRE	SSIONAL DISTRIC	CTS OF:
Start Date:	Ending Date:		a. Applicant	,	b. Project
January 1, 2013 15. ESTIMATED FUNDING:	December 31, 2013		District 42	CATION SLIP IECT	Citrus Pests Survey TTO REVIEW BY STATE EXECUTIVE
13. ESTIMATED FONDING:			ORDER 1237		TO REVIEW BY STATE EXECUTIVE
a. Federal \$		408,895			TION/APPLICATION WAS MADE
b. Applicant \$		-100,030	_ ^	VAILABLE TO THE ROCESS FOR RE	E STATE EXECUTIVE ORDER 12372
		•		•	
c. State \$		0.00	D	ATE: November 1	5, 2012
d. Local \$		00	, , , , , , , , , , , , , , , , , , ,	ROGRAM IS NOT	COVERED BY E. O. 12372
		m	D. NO.		
e. Other \$		00		R PROGRAM HAS OR REVIEW	NOT BEEN SELECTED BY STATE
f. Program Income \$		νο			QUENT ON ANY FEDERAL DEBT?
		00		,	
g. TOTAL \$	•	408,895	Yes If "Yes	attach an explan	ation. 🙎 🔼 No
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF,	ALL DATA IN THIS APPL	ICATION/PRI	APPLICATION A	RE TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY A	UTHORIZED BY THE O	SOVERNING BODY OF T			ICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF THE a. Authorized Representative	TE ASSISTANCE IS AV	VARUEU.			
Prefix I	First Name			Middle Name	·
	Kathy			Cuffix	·
Last Name Alameda				Suffix	
o. Title	ment Offi				nber (give area code)
Manager, Federal Funds Manage d. Signature of Authorized Representation			<u> </u>	(916) 403-6525 e. Date Signed	<u> </u>
<u> </u>	omanye	· · · · · · · · · · · · · · · · · · ·		C. Date Signed	·
Provious Edition Hooklo					

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for some		#: #i						OMB Number: 4 Expiration Date: 03	
Application fo	r Feder	Assista	ınce Si	F-424			•		
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Changed/Co		plication		evision				N.	
* 3. Date Received Completed by Grants		mission.		cent identifier: LC Institute				40 A	
5a. Federal Entity I	dentifier:				- 1.	5b. Faderal Award Identifier:			
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State Use Only:	**************************************	ii Vr			in the lateral			2 Ob virtualisment and	
6. Date Received b	y State:		Podena -	7. State Application	ı ide	ntlfier:			
8. AFPLICANT IN	FORMAT	ON:		and the second s		annocenne procurence commence and annocent and annocent and annocent and annocent annocent annocent annocent a			
*a. Legal Name:	Pacific	Institu	ce for	Studies in De	vel	opment, Environment, a			
* b. Employer/Texp.	ayer Iden	fication Num	iber (EIN	//TIN):		c. Organizational DUNS;			A
94-3050434	**************************************				ا	6600292710000			·
d. Address:		14							
* Street1: Street2:	654 1	th Stree	it						
· * City;	Oakla	jd				· ·		1/ 1 / -	
County/Parish:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•				:	
* State: Province:		(Complete Section Control Control	Control to many		******	CA: California			<b>-</b>
" Country:				CONTRACTOR OF SELECTION OF SELE		USA: UNITED STATES		1. 18 - 182 <sup>2</sup> 1	<del>-</del> i
* Zlp / Postal Code:	94612	)					y de		-
e. Organizational l	Unit:				CACAMATAN A			17 m 1	
Department Name:		<u> </u>		atomain at the style of the sty		Division Name:		· ·	
· · · · · · · · · · · · · · · · · · ·		# # # # # # # # # # # # # # # # # # #							.
f. Name and conta	ct infom	ation of pe	raon to i	oe contacted on m	atto	rs involving this application:	<del>fir der nelsende 1017</del>	184	
Profix: Mr.	تن ۱۰ ۱۰			* First Name	<b>≘</b> :	Rete			
Middle Name:	()	NIII. II.	र र स्वर						
Suffix;	anga	until a						* 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1	<b></b> -
Title: Chief Ope	ration	Officer		The state of the s	المراجع في الم	ACTION OF THE PROPERTY OF THE			—
Organizational Affilla	-		Maintenan et en						
* Telephone Number	: 510-X	51-1600	x114			Fax Number:			
• Email: petangal	1000000	American Management						110000000000000000000000000000000000000	a ha iy ha sada <sup>4</sup>
				THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.					

Application for Federa	Assistance SF-424	
* 9. Type of Applicant 1: So	ect Applicant Type:	
M: Monprofit with 50	C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Ac		
Type of Applicant 3: Select Ap	plicant Type:	
Other (specify):		
* 10. Name of Federal Agen	11.	
Department of Commerce		
(P)		
11. Catalog of Federal Dom	pstic Assistance Number:	*
11.431		
CFDA Title:	1	
Climate and Atmospher	C Rosearch	
0.40 .		
* 12. Funding Opportunity N		•
NOAA-OAR-CPO-2013-200	3445	
* Title:	The second secon	
Climate Program Offic	# Ror FY 2013	
3. Competition identification	Number:	
2291495		
îtle:	· · · · · · · · · · · · · · · · · · ·	
	VIEW	
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4. Areas Affected by Project	(Cities, Counties, States, etc.):	
reat_lakes_basin.jpg	Delete Attachment View Attachment	
	September 2018 Children Control of the Control of t	
15. Descriptive Title of Appl		
limate Change Impacts	and Socio-Economic Vulnerability in the Great Lakes Basin	
(i) 		
tach supporting documents as	specified in agency instructions.	
AUDANICHTENEN BEG	E Argenments:	

Application for Feder	Assistance SF-424
16. Congressional Distric	Of:
• a. Applicant CA-09	b. Program/Project many
Attach an additional list of Pi	diram/Project Congressional Districts if needed.
Cong-Districts.txt	College Attachment View Attachment
17. Proposed Project:	
*a. Start Date: 08/01/20	b. End Date: 07/31/2015
18, Estimated Funding (\$)	
ିଷ. Federal	299, 255.00
b. Applicant	Marie Asia - Systematica
°c. State	<del>第2000年,1000年,1000年</del>
*d. Local	
*e. Other	Maria and the state of the stat
The state of the s	
*g. TOTAL	299,255.00
* 19. la Application Subject	Po Review By State Under Executive Order 12972 Process?
1	made available to the State under the Executive Order 12372 Process for review on 11/15/2012 .
	4.O. 12372 but has not been selected by the State for review.
c. Program is not covere	With the second control of the second contro
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Yes X No	ent On Any Federal Debt? (if "Yes," provide explanation in attachment.)
If "Yes", provide explanation	
. Tab   provide explaination	
The second secon	
MOLOUR BLO FLAM CONTINUES 4	nn, I certify (1) to the statements contained in the list of certifications and (2) that the statements and accurate to the best of my knowledge. I also provide the required assurances and agree to
The state of the s	or administrative penalties. (U.S. Code, Title 218, Section 1001)
X ** I AGREE	A deministrative polizines. (0.5. Code, 11tle 21a, Section 1001)
•	SARRUFANCAS DV 20 internet elte where you may abbee the the
apecific instructions.	essurances, or an internet site where you may obtain this list, is contained in the announcement or agency
Authorized Representative:	
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Middle Name:	
*Last Name: Stanga	Comments of the Comments of th
Suffix:	
"Title: Chief Charact	
Olizer oberer	
The state of the s	Alternative and the second sec
Email: pstanga@pacinst.	prg
" Signature of Authorized Repres	entative: Completed by Grants, gov upon submission. * Date Signed: Complined by Grants, gov upon submission.
	Остранец ву сталы, дос црот виотразоп.

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Application fo	r Federal Assista	nce SF-424		Version 02
*1. Type of Submission:  Preapplication  New  Continuation  Changed/Corrected Application  Revision			Other (Specify)	
* 3. Date Received Completed by Grants.		4. Applicant identifier:		CEIVED
5a. Federal Entity	Identifier;		* 5b. Federal Award Identifier: NU	V 20 2012 EARING HOUSE
State Use Only:				- I WING THOUGH
6. Date Received I	by State:	7. State Application	n Identifier:	
B. APPLICANT IN	IFORMATION:			
್ಕ, Legal Name:	The Regents of	the University of Ca	lifornia	<u> </u>
° b. Employer/Тах 94-6002123	payer Identification Nu	mber (EIN/TIN);	* c, Organizational DUNS;	
d. Address:				
* Street1: Street2:	Sponsored Fro	jects Office : Avenue, Suite 300		A STATE OF THE STA
Gity:	Borkeley		- Charles	
County:	Alameda			
* State:			CA: California	
Province: Country:	ACCOUNT OF THE PARTY OF THE PAR	A Liver and State and Stat	USA: UNITED STATES	
Zip / Postal Code	94704-5940	TAMES OF THE PARTY		
e. Organizations	ıl Unit:		A CONTRACTOR OF THE PROPERTY O	
Department Name	):		Division Name:	
Sponsored Pr	ojects Office			
f. Name and con	tact information of p	erson to be contacted on	natters involving this application:	
Prefix:		^ First Nar	ne: Kate	
Middle Name:				4.
"Last Name:	'om;a			
Suffix:	Automotive and a second	11.4411.000	ALEXENSE AND ADMINISTRATION OF THE PROPERTY OF	
Title: Contract	t and Grant Offi	. চন্দ্ৰ		£
Organizational Aff				
The Regenta	of the Universi	ty of California	A MANAGEMENT OF THE PROPERTY O	
* Telephone Num	ber: 510-642-811	7	Fax Number: 510-642-8	236
'Emell: kato_	lewis@berkcley.	du		

PAGE 03/04

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
H: Public/State Controlled Institution of Higher Education	_
Type of Applicant 2; Select Applicant Type:	¬ · ·
	┙.
Type of Applicant 3: Select Applicant Type:	-j
	_
· Other (specify);	
10. Name of Federal Agency:	
Bureau of Land Management	
11. Catalog of Federal Domestic Assistance Number:	
15.231	
CFDA Title:	
Fish, Wildlife and Flant Conservation Resource Management	
* 12. Funding Opportunity Number:	
L13AS00001	
Thie:	
PLM CA CESU Carrizo Plain Ecosystem Project	
	·
13. Competition Identification Number:	
(3. Competition identification remiser.	· .
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Carrizo Plain National Monument, CA	
13. Descriptive Title of Applicant's Project:	
Carrizo Plain Ecosystem Project; Optimizing habitat management for the giant kangaroo rat and	
associated San Joaquin Valley upland species.	
Attach supporting documents as specified in agency instructions.	
Add Attachments Detate Attachments View Attachments	
Control   Cont	لنــــــــــــــــــــــــــــــــــــ

PAGE 04/04

Application for	or Federal Assistan	ce SF-424					Version 02
16. Congression	nal Districts Of:						
a. Applicant	CA-009			↑b. Progran	n/Project CA-022		
Attach an addition	hal list of Program/Project	Congressional Districts if r	nceded.				
		Add Attachment	Delete-Allac	hingirit Wiere	tobachment .		
17. Proposed P	roiect:						
	03/01/2013			• b. i	End Date: 09/30/2	017	
16. Estimated F	unding (\$):						
*a, Federal	- Company of the Comp	99,000.00					
* b. Applicant		. 0.00					
° c. State		0.00	•				
• d. Local	· ·	0.00					
e. Other		0.00		•		•	
of, Program Inco	me	0.00		٠	•		
g. TOTAL		99,000.00					
a. This appl b. Program c. Program 20. Is the App Yes  21. *By signing herein are true comply with an subject me to complete the complete me to complete me to complete the complete me to	ication was made availatis subject to E.O. 12372 is not covered by E.O. 1 licant Delinquent On Al No  this application, I cert, complete and accurate y resulting terms if I acriminal, civil, or adminit	By State Under Executive bie to the State under the but has not been select 2372.  By Federal Debt? (If "Yes Explanation."  By (1) to the statements to the best of my keept an award. I am awastrative penalties. (U.S.	e Executive Or ed by the State s", provide exp a contained in nowledge. I a	der 12372 Processor for review.  Idenation.)  the list of certific so provide the se, fictitious, or feetitious, or feetitious	cations** and (2) tha	3 Mila agree to	i
" The list of ce specific instruction	nificationa and assurance	s, or an Internet site whe	ire you may ob	ain this list, is coi	ntained in the announ	ncement or agency	
Authorized Rep	resentativė:						
Prefix:	- is to regard the second seco	- First Ne	me: Katc				
Middle Name:	115-1111-1111-1111-1111-1111-1111-1111-1111		**************************************				•
*Last Name:	Lewis						
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Title:  Cor	ntract and Grant C	fficer		- Articles			·
	nber: 510-642-8117	Attachment of the second of th	A STATE OF THE STA	Fax Number, 51	10-642-8236		
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	ithonzed Representative:	Completed by Grante.gov up	on autimiosion.	* Date Signed:	Completed by Grants.g	ov upon submission.	
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the state of the s			OMB Number: 4040-000
<b>Application for Federal Assi</b>	stance SF-424		Expiration Date: 04/31/201
*1. Type of Submission	*2. Type of Application	n *If Revision, select approp	Version 02
[7] B			made tellet(s).
Preapplication	☑ New		
Application	☐ Continuation	* Other (Specify)	
☐ Changed/Corrected Application	Revision		
*3. Date Received:	4. Application Iden	.GG	
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Sa. Federal Entity Identifier:	*5b	. Federal Award Identifier:	VEVENED
		. I ddofai Awaid ideiliide.	
	_		NOV 21 2012
State Use Only:			
6. Date Received by State:	7. St	ate Application Identifier: STA	TE CLEARING HOUSE
8. APPLICANT INFORMATION:			TOUSE -
* a. Legal Name: City of California	a City		
* b. Employer/Taxpayer Identificat 95-24-08763	ion Number (EIN/TIN	i): *c. Organizational DUNS:	
d. Address:			
*Street1: 21000 Hacienda Blvd			
Street 2:			•
*City: California City			
County: Kern			• •
*State: California			
Province:			· .
Country: USA	**	Zip/ Postal Code: 93505	
e. Organizational Unit:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Department Name:		Division Name:	
Public Works		Water and Sewer	
f Name and contact information of r	- was so he companded		
<ul> <li>f. Name and contact information of p</li> <li>Prefix: r.</li> </ul>	First Non	on matters involving this applications: Michael	on:
Mildle Name:	7.112f 1.dir	ae: Michael	
*Last Name: Bevins Suffix:			
Title: Public Works Director			
Table Holle Directi			
Organizational Affiliation:			
			7
*Talanhana Numban 760 500 2064		200 070 7077	
*Telephone Number: 760-598-2861 *Email: pwdir@californiacity.com	ra	ax Number: 760-373-7857	
			· · · · · · · · · · · · · · · · · · ·

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Application for Federal Assistance SF-424  9. Type of Applicant I: Select Applicant Type: C. City or Township Government	Version 02
C. City or Township Government	V
Type of Applicant 2: Select Applicant Type:	
- Select One -	
Type of Applicant 3: Select Applicant Type:	•
- Select One -	
*Other (specify):	
*10. Name of Federal Agency:	
USDA Rural Development Agency	
11. Catalog of Federal Domestic Assistance Number: 10.760	
CFDA Title:	
Water and Waste Disposal Grant Program	
*12 Evaling O	
*12. Funding Opportunity Number:	
*Title: Water Sewer Main Line Extention	· · · ·
13. Competition Identification Number:	
Fitle:	
4. Areas Affected by Project (Cities, Counties, States, etc.):	
City of California City, Kern County, California	
15. Descriptive Title of Applicant's Project: Currently, the First Commulty area of California City south of California City Blvd does not the city's central sewer processing facitity. This area is basically undeveloped, which prequiring developed lots from mandatoey connection and main extension. We are seek install a sewer main through this undeveloped zone.	aravante ue form
ttach supporting documents as specified in agency instructions	

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<i>!</i>	
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Ex	piration Date: 04/31/2012 Version 02
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atements or cla	ims may subject
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Application for Federal Assista			Version 0
16. Congressional Districts Of:			
*a. Applicant	*b. Program/F	rojent	
CA-022	o. Hogiani/i	CA-022	
Attach an additional list of Program/Proje	ect Congressional Districts if nee	ded.	
		- <del></del>	
17 7		<u> </u>	•
17. Proposed Project:			· · · · · · · · · · · · · · · · · · ·
*a. Start Date: 03/20/2013	*b. End Date: 09/2	013	
18. Estimated Funding (\$):	b. End Date; Corz		
*a. Federal	\$500,000.00		<del></del>
*b. Applicant	\$167,000.00		
*c. State	\$107,000.00		
*d. Local	•		•
*e. Other	•		•
*f. Program Income			
*g. TOTAL	\$667,000.00		•
*19. Is Application Subject to Review By	v State Under Executive Oud	14474 10	
<u> </u>	y state chuci Executive Order	123/2 Process?	* ·
b. Program is subject to E.O. 12372 but c. Program is not covered by E.O. 12372 c. Is the Applicant Delinquent On Applicant On Applicant Delinquent On Applicant Delinquent On Applicant Delinquent On Applicant On Applicant On Applicant On Applican	72.	."	
20. Is the Applicant Delinquent On Any Yes No	72 Federal Debt? (If "Yes", provid	le explanation.)	
20. Is the Applicant Delinquent On Any Yes No  *By signing this application, I certify (1) terein are true, complete and accurate to the	Federal Debt? (If "Yes", provided in the best of my knowledge. I also represented in the best of my knowledge. I also represented in the best of my knowledge.	le explanation.)  the list of certifications** and (	** and agree to comple
20. Is the Applicant Delinquent On Any Yes No	Federal Debt? (If "Yes", provided in the statements contained in the best of my knowledge. I also provided in the large and the statements are false. First	he list of certifications** and (incoming the required assurances itions or fraudulent statements	** and agree to comple
20. Is the Applicant Delinquent On Any Yes No  *By signing this application, I certify (1) terein are true, complete and accurate to the with any resulting terms if I accept an awar	Federal Debt? (If "Yes", provided in the statements contained in the best of my knowledge. I also provided in the large and the statements are false. First	he list of certifications** and (incoming the required assurances itions or fraudulent statements	** and agree to comple
20. Is the Applicant Delinquent On Any Yes No  *By signing this application, I certify (1) terein are true, complete and accurate to the with any resulting terms if I accept an awar are to criminal, civil, or administrative penalty.  **I AGREE	Federal Debt? (If "Yes", provided in the best of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also provided in the last of my knowledge in the	he list of certifications** and (increase and control of the required assurances itious, or fraudulent statements attended to the required assurances ition 1001)	** and agree to comply or claims may subject
20. Is the Applicant Delinquent On Any Yes No  *By signing this application, I certify (1) terein are true, complete and accurate to the with any resulting terms if I accept an awar are to criminal, civil, or administrative penalty **I AGREE  The list of certifications and assurances, or	Federal Debt? (If "Yes", provided in the best of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also provided in the last of my knowledge in the	he list of certifications** and (increase and control of the required assurances itious, or fraudulent statements attended to the required assurances ition 1001)	** and agree to comply or claims may subject
20. Is the Applicant Delinquent On Any Yes No  *By signing this application, I certify (1) therein are true, complete and accurate to the with any resulting terms if I accept an award to criminal, civil, or administrative penalty **I AGREE  The list of certifications and assurances, or gency specific instructions.	Federal Debt? (If "Yes", provided in the best of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also provided in the last of my knowledge in the	he list of certifications** and (increase and control of the required assurances itious, or fraudulent statements attended to the required assurances ition 1001)	** and agree to comply or claims may subject
20. Is the Applicant Delinquent On Any Yes No  *By signing this application, I certify (1) therein are true, complete and accurate to the with any resulting terms if I accept an aware to criminal, civil, or administrative penals.  **I AGREE  The list of certifications and assurances, or gency specific instructions.  **Uthorized Representative:	Federal Debt? (If "Yes", provided in the best of my knowledge. I also produced in the best of my knowledge. I a	he list of certifications** and (increase and control of the required assurances itious, or fraudulent statements attended to the required assurances ition 1001)	** and agree to comply or claims may subject
20. Is the Applicant Delinquent On Any Yes No  *By signing this application, I certify (1) therein are true, complete and accurate to the with any resulting terms if I accept an award to criminal, civil, or administrative penalty **I AGREE  The list of certifications and assurances, or gency specific instructions.	Federal Debt? (If "Yes", provided in the best of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also produced in the last of my knowledge. I also provided in the last of my knowledge in the	he list of certifications** and (increase and control of the required assurances itious, or fraudulent statements attended to the required assurances ition 1001)	** and agree to comply or claims may subject
20. Is the Applicant Delinquent On Any Yes No  *By signing this application, I certify (1) terein are true, complete and accurate to the with any resulting terms if I accept an aware to criminal, civil, or administrative penalty *I AGREE  The list of certifications and assurances, or gency specific instructions.  **Interview of the content of the content of the certifications and assurances, or gency specific instructions.  *Interview of the content of the content of the certifications and assurances, or gency specific instructions.  *Interview of the content of the con	Federal Debt? (If "Yes", provided in the best of my knowledge. I also produced in the best of my knowledge. I a	he list of certifications** and (increase and control of the required assurances itious, or fraudulent statements attended to the required assurances ition 1001)	** and agree to comply or claims may subject
20. Is the Applicant Delinquent On Any Yes No  *By signing this application, I certify (1) therein are true, complete and accurate to the with any resulting terms if I accept an aware to criminal, civil, or administrative penals.  **I AGREE  The list of certifications and assurances, or gency specific instructions.  **Uthorized Representative:	Federal Debt? (If "Yes", provided in the best of my knowledge. I also produced in the best of my knowledge. I a	he list of certifications** and (increments or	** and agree to comply or claims may subject
20. Is the Applicant Delinquent On Any Yes No  *By signing this application, I certify (1) terein are true, complete and accurate to the with any resulting terms if I accept an aware to criminal, civil, or administrative penalty **I AGREE  The list of certifications and assurances, or gency specific instructions.  **Interview of the certifications and assurances, or gency specific instructions.  **Interview of the certifications and assurances, or gency specific instructions.  **Interview of the certifications and assurances, or gency specific instructions.  **Interview of the certifications and assurances, or gency specific instructions.  **Interview of the certification and assurances, or gency specific instructions.  **Interview of the certification and assurances, or gency specific instructions.  **Interview of the certification and assurances, or gency specific instructions.  **Interview of the certification and assurances, or gency specific instructions.  **Interview of the certification and assurances, or gency specific instructions.  **Interview of the certification and assurances, or gency specific instructions.  **Interview of the certification and assurances, or gency specific instructions.  **Interview of the certification and assurances, or gency specific instructions.  **Interview of the certification and assurances are gency specific instructions.	Federal Debt? (If "Yes", provided in the best of my knowledge. I also produced in the best of my knowledge. I a	he list of certifications** and (increments or	** and agree to comply or claims may subject
20. Is the Applicant Delinquent On Any Yes No  *By signing this application, I certify (1) terein are true, complete and accurate to the with any resulting terms if I accept an aware to criminal, civil, or administrative penalty *I AGREE  The list of certifications and assurances, or gency specific instructions.  **Interview of the content of the content of the certifications and assurances, or gency specific instructions.  *Interview of the content of the content of the certifications and assurances, or gency specific instructions.  *Interview of the content of the con	Federal Debt? (If "Yes", provided in the best of my knowledge. I also produced in the best of my knowledge. I a	he list of certifications** and (increments or	** and agree to comply or claims may subject
20. Is the Applicant Delinquent On Any Yes No  *By signing this application, I certify (1) therein are true, complete and accurate to the with any resulting terms if I accept an aware to criminal, civil, or administrative penals.  **I AGREE  The list of certifications and assurances, or gency specific instructions.  **Interced Representative:  **Interced Represent	Federal Debt? (If "Yes", provided in the best of my knowledge. I also produced in the best of my knowledge. I a	he list of certifications** and (increments or	** and agree to comply or claims may subject
20. Is the Applicant Delinquent On Any Yes No  *By signing this application, I certify (1) herein are true, complete and accurate to the with any resulting terms if I accept an aware to criminal, civil, or administrative penals.  **I AGREE  The list of certifications and assurances, or gency specific instructions.  **Interced Representative:  **Interced Representa	Federal Debt? (If "Yes", provided in the best of my knowledge. I also produced in the best of my knowledge. I a	he list of certifications** and (increments or	** and agree to comply or claims may subject
20. Is the Applicant Delinquent On Any Yes No  *By signing this application, I certify (1) herein are true, complete and accurate to the with any resulting terms if I accept an aware to criminal, civil, or administrative penals.  **I AGREE  The list of certifications and assurances, or gency specific instructions.  **Interced Representative:  **Interced Representa	Federal Debt? (If "Yes", provided in the best of my knowledge. I also produced in the best of my knowledge. I a	he list of certifications** and (increments or	** and agree to comply or claims may subject
20. Is the Applicant Delinquent On Any Yes No  *By signing this application, I certify (1) terein are true, complete and accurate to the with any resulting terms if I accept an aware to criminal, civil, or administrative penalty *I AGREE  The list of certifications and assurances, or gency specific instructions.  *Authorized Representative:  Title: Public Works Director	Federal Debt? (If "Yes", provided in the best of my knowledge. I also produced in the best of my knowledge. I a	he list of certifications** and (invovide the required assurances itious, or fraudulent statements ition 1001)	** and agree to complete or claims may subject the announcement or
20. Is the Applicant Delinquent On Any Yes No  *By signing this application, I certify (1) terein are true, complete and accurate to the with any resulting terms if I accept an aware to criminal, civil, or administrative penalty **I AGREE  The list of certifications and assurances, or gency specific instructions.  **Interized Representative:  Telephone Number: 70-596-2861	Federal Debt? (If "Yes", provided in the best of my knowledge. I also prod. I am aware that any false, fict alties. (U.S. Code, Title 218, Sector an internet site where you may	he list of certifications** and (increments or	** and agree to comply or claims may subject to the announcement or
20. Is the Applicant Delinquent On Any Yes No  *By signing this application, I certify (1) herein are true, complete and accurate to the with any resulting terms if I accept an aware to criminal, civil, or administrative penalty *I AGREE  The list of certifications and assurances, or gency specific instructions.  **Interized Representative:  **Interized Represen	Federal Debt? (If "Yes", provided in the best of my knowledge. I also provided in the best of my knowledge. I a	he list of certifications** and (2 rovide the required assurances itious, or fraudulent statements ition 1001)  To obtain this list, is contained in Fax Number: 760-373-785	** and agree to comply s or claims may subject the announcement or
20. Is the Applicant Delinquent On Any Yes No  *By signing this application, I certify (1) terein are true, complete and accurate to the with any resulting terms if I accept an aware to criminal, civil, or administrative penalty **I AGREE  The list of certifications and assurances, or gency specific instructions.  **Interized Representative:  Telephone Number: 70-596-2861	Federal Debt? (If "Yes", provided in the best of my knowledge. I also prod. I am aware that any false, fict alties. (U.S. Code, Title 218, Sector an internet site where you may	he list of certifications** and (invovide the required assurances itious, or fraudulent statements ition 1001)	** and agree to comply or claims may subject to the announcement or

Application for Federal Assi	stance SF-424			Version 02
*1.—Type of Submission	*2. Type of Applic	ation	*If Revision, select	appropriate letter(s):
1. 1900 01 00000000000	,			
Preapplication	☐ New		•	
			* Other (Specify)	
Application	✓ Continuation		Office (Obcour)	RECEIVED
Changed/Corrected Application	Revision	•		ILCEIVEL
*3. Date Received:	4. Application	Identifie	r:	
3. Date Received.				NOV 28 2012
5a. Federal Entity Identifier:		*5b. Fe	deral Award Identifier:	
Jan 1 Sasian Milatoy 2 Sasian Sasian	ł	BF-96	987501-3	STATE CLEARING HOUSE
				THE CENTER WITH COUL
State Use Only:		· · · · · · · · · · · · · · · · · · ·	<del></del>	
6. Date Received by State:		7. State	Application Identifier:	
8. APPLICANT INFORMATION:		<del>. , _</del> =	· · · · · · · · · · · · · · · · · · ·	
* a. Legal Name: Toxic Substan	ces Control, Cali	ornia L	eparment of	YINIC
* b. Employer/Taxpayer Identification	ition Number (EIN	/11N):	*c. Organizational L	JUNG.
68-0281381	····		80-7487327	
d. Address:	0 1 551			
*Street1: 8800 Cal Center Drive	, 3rd Floor			
Street 2:				
*City: Sacramento				
County: Sacramento			*	
*State: CA				
Province:		*7	o/ Postal Code: 9582	26
Country: United States of Am	erica	2.1	J/ T Ostal Code.	
e. Organizational Unit:		<del></del>	Division Name:	
Department Name:	O		1	vironmental Restoration
Department of Toxic Substance	es Control			MIOI MEMAI ACCIONATION
			Program	
f. Name and contact information of	f person to be conta	cted on	matters involving this :	application:
Prefix: Ms.	Fir	st Name:	: Jennifer	
Middle Name:	. •			
*Last Name: Black-Gallagher	•			
Suffix:				
Title: Chief, Grants and Progra	m Support Brand	:h 		
Organizational Affiliation:			• . •	
	•			
			•	
	•	1.	•	
		East	Number:	
*Telephone Number: 916-869-53! *Email: Je noifer Blac			dtscoca o gov	
T BHUILDE ANDERS & UTAU	~ - COULTURANTE		7 · 1 - 2 - 2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 -	

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Version 02

Application for Federal Assistance SF-424		Version 02
9. Type of Applicant 1: Select Applicant Type: A. State Go	wernment	
A. State G.		
Type of Applicant 2: Select Applicant Type:		
- Select O	ne -	
Type of Applicant 3: Select Applicant Type:		•
- Select O	ne -	
*Other (specify):		
*10. Name of Federal Agency: US EPA - Region 9	·	
11. Catalog of Federal Domestic Assistance Number:		
66.818		
CFDA Title:		
CERCLA 104(k)(3)		
*Title: FY 13 Brownfields Revolving Loan Fund Gra	ants	
Consider The differentian Number		
13. Competition Identification Number:		
Title:		
•		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
The State of California		
		·
*15. Descriptive Title of Applicant's Project:	ì	
Brownfields Revolving Loan Fund (BRLF) Progra redevelopment of contaminated sites by making I the cleanup of eligible public or privately held pro	inwenst linaticing available via loans and ou	bgrants for use.
Attach supporting documents as specified in agency	instructions.	
LEGERAN GALANA FIED GOARMENTED OF PARENTE TO THE PERSON		

Application for Federal As	sistance SF-424		Version 02
16. Congressional Districts Of:			
	*L. D	rogram/Project:	
*a. Applicant State of Californi	а	IOBIMIDA IOJOCI.	·
Attach an additional list of Program		cts if needed.	
Attach an additional list of Flogia	in roject Congressional 2.52.		
17. Proposed Project:			
17.110003041103001.			
*a. Start Date:	*b. End D	ate:	
18. Estimated Funding (\$):			
*a. Federal	\$1,000,000.00		
*b. Applicant	•		
*c. State	\$200,000.00		
*d. Local	<b>#200</b> ,000.00		
*e. Other			
*f. Program Income	0.4 0.00 0.00 0.00		
*g. TOTAL	\$1,200,000.00	- Onder 12272 Drogge?	
*19. Is Application Subject to Re	view by State Under Execut	ave Order 123/2 Fluctes:	
	I I I a sho Cinto under the	Eventive Order 12372 Process	for review on
a. This application was made a b. Program is subject to E.O. 1	valiable to the State under the	hy the State for review	
b. Program is subject to E.O. I		by the state for review.	
c. Program is not covered by E *20. Is the Applicant Delinquent	.U. 123/2 On Apri Federal Debt? (If "Ve	es" provide explanation.)	
*20. Is the Applicant Delinquent	JI Ally redetal Debt: (If 1	biotine arbimient	
☐ Yes ☑ No			
21. *By signing this application, I c	ertify (1) to the statements con	stained in the list of certifications	s** and (2) that the statements
I seem commission and good	eate to the best of my knowled	ge i also provide the required as	Shlances and affice to combia
with any resulting terms if I accep	an award. I am aware that an	y false, fictitious, or fraudulent s	tatements or claims may subject
me to criminal, civil, or administra	tive penalties. (U.S. Code, Tit	le 218, Section 1001)	•
Into to Caminate, or as a second			
✓ **I AGREE	•		
,	•		
** The list of certifications and assi	trances, or an internet site who	re you may obtain this list, is co	ntained in the announcement or
agency specific instructions.			
Authorized Representative:			
Prefix: Ms.	*First Name: Bar	bara	
,	. — —		
Midd le N me:			
•			
*Last Name: Cook	•		
·		•	
Suffix:			
*Title: Assistant Deputy Direct	ctor, Brownfields and Env	ironmental Restoration Pro	gram
*Telephone Number: 510.540.3	the state of the s	Fax Number:	
*Email: Barbara.Cook@dtsc.			
*Signature of Authorized Represe		Date Signed: 11	28/2012
DIRECTOR OF PROPERTY 15001000			

Application for i	ederal Assista	nce SF	-424						Ver	sion 02
1. Type of Submissi	on:	* 2. Typ	• •	* If Revision	on, select approp	riate letter(a):				,
X Application		Пс	ontinuation	' Olher (S	pecify)					
	cted Application	[] Re	evision			F	RECI			
73. Date Received: Completed by Grents.gov	nbou súpuizziou'	4. Appli	cant Identifier:			,	NOV o	=/VE 8 2012	D	
5a. Federal Entity Ide	nlifier.			• 5b. F	ederal Award Id	en(lifler: STAT)		8 <b>201</b> 2	· · · · · · · · · · · · · · · · · · ·	
						- '' 1/ [	- ULFAR	ING HOL	icre-	
State Use Only:								- 1100	10E	
6. Dale Received by 5	Stale:		7. State Application	ldonliller:						
8. APPLICANT INFO	RMATION:									
* a. Legal Name: Ch	inatown Commu	aity D	evelopment Cent	er, Ind	:.					
* b. Employer/Taxpay	er Identification Num	iber (EIN	I/TIN):	۰a Orı	ganizational DUI	NS:				
94-2514053				02177	0287			·		
d. Address:										
* Stroct1:	1525 Grant Ave	nue	-							]
Street2:										
* City:	San Francisco									•
County:	San Franciaco									<u>.                                    </u>
* State.				Ċ	A: Californ	ia				1
Province:										٠.
* Country:				USA	: United st	ates				
* Zip / Postel Code:	94133-3323									
o. Organizational Ur	ılt:									
Department Name:				Division	Name:				-	
Community Plann	ing						TIAL TO THE TOTAL THE TOTAL TO THE TOTAL TOT			
f. Name and contact	information of pe	rson to	be contacted on ma	ıtters inv	olving this spr	olication:				
Prefix: Mr.			7 First Name	Mair	·k		•			
Middle Name:								•		
* Last Name: Dald	lwin		<u> </u>	·· · · · ·			· · ·			
Suffix:	***					, . <del></del>				
Tille: Grants Mana	yder				. ,					
Organizational Affiliation	on:									
* Telephone Number:	415-904-1493				Fax Number	r: 415-362-7	992			
tmail; mbaldwine	chinatownede.	org					and the state of t			

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Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	7
M: Nonprofit with 501C3 TRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Турв of Applicant 3: Select Applicant Type:	· ]
* Olher (specify):	<b>-J</b>
One (specify).	•
* 10. Name of Federal Agency:	
Economic Development Administration	
11. Gatalog of Federal Domestic Assistance Number:	
CFDA Title:	
* 12. Funding Opportunity Number:	
EDAPLANNING2012	
* Title:	
Planning Program and Local Technical Assistance Program	
	,
13. Competition identification Number:	
PL-TA	
Tille:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City and County of San Francisco	
* 15. Descriptive Title of Applicant's Project:	
Chinatown business technical assistance, tourism attraction and job training for immigrant youth project.	
Attach supporting documents as specified in agency instructions.  Add Attachniques — Dejete Attachniques — View Attachniques	

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Application	for Federal Assistar	ce SF-424						Version 02
16. Congress	ional Districts Of:							
* a. Applicant	8cp			* b. P	rogram/Project	ech		
Allach an addi	tional list of Program/Project	Congressional Districts if need	ded.					
	, .( # (4 t) ) ( t t) )	A A COA Machinery Co.	erle Atlad	meal	Vew Averto	Ento		
17. Proposed	Project:							i
• a. Start Date:	01/01/2013				• b. End Date	12/31/2	013	
10. Estimated	Funding (\$):							
* a. Federal		100,000.00						
* b. Applicant		23,794.00						
* c. State		0.00						•
* d. Local		21,206.00						•
e. Other		55,000-00						
f. Program in	come	0.00			•			
g, TOTAL	4. 197	200,000.00						
	n is not covered by E.O. 1	2372. y Fedoral Dobt? (If "Yos", p	rovide expl	anation.)				
Yes	[X No	and the state of t			,			
herein are tru comply with a subject me to X ** I AGRE ** The list of o	ie, complete and accura iny resulting terms if I acc criminal, civil, or adminis E ertifications and assurance	ly (1) to the statements coi to to the bost of my know cept an award. I am aware th strative pensities. (U.S. Cod s, or an internet site where ye	ledge. I als nat any felse e, Title 218,	o provide e, fictitious Section 10	the required , or fraudulen 101)	assurances t statement	and agree to a or claims may	
specific instruc	lions,		<del></del>			·	•	
Authorized Re	presentative:				·			\
Prefix:	Rev.	• First Name:	Norman					
Middle Name:						·		· . 1
* Last Name:	Fong			<u> </u>				
Suffix:								
* TRIC: F:	coentive Director							
* Telephone Nu	imber: 415-904-1456			ax Number	415-362 7	992		
* Email: nfon	g@chinatowncdc.org							
* Signature of A	ulhorized Representative:	Completed by Crante.gov upon sul	omission.	* Date Sig	ned: Complete	ed by Grants go	v upon submission	

<b>Application for Federal Assi</b>	stance SF-424	ţ .	4		Version 02
*1. Type of Submission	*2. Type of Applic	cation	*If Revision, select	appropriate letter(s):	
☐ Preapplication	✓ New				
✓ Application	☐ Continuation		* Other (Specify)		
☐ Changed/Corrected Application	☐ Revision			RECEIVE	D
*3. Date Received:	<ol> <li>Application CA-95-X2</li> </ol>	Identifie 206	r:		
5a. Federal Entity Identifier:		*5b. Fe	deral Award Identifier:	NOV 28 2012	
				STATE CLEARING H	OUSE
State Use Only:	· · · · · · · · · · · · · · · · · · ·	- a		·	
6. Date Received by State:		7. State	Application Identifier:		
8. APPLICANT INFORMATION:		D 1 !:-		<u> </u>	
* a. Legal Name: City of Santa M				ATDIO.	
* b. Employer/Taxpayer Identifica 95-6000790	tion Number (EIN	/11N):	*c. Organizational D 833665896	ouns:	,
d. Address:					
*Street1: 1660 Seventh Street					
Street 2:					
*City: Santa Monica	•		•		
County: Los Angeles					
*State: California					
Province:	, '				
Country:	1	*Zip	/ Postal Code: 9040	1 .	
e. Organizational Unit:	,				
Department Name:		•	Division Name:		
			Transit Finance & G	Grants	
N. Carlotte and Ca					
f. Name and contact information of	person to be contac	cted on 1	natters involving this a	pplication:	÷.
Prefix: Ms.	Firs	st Name:	Enny	,	
Middle. Name:		,	٠		
*Last Name: Graham					
Suffix:					
Title: Senior Administrative Ana	lyst				
Organizational Affiliation:					
	•				* *
	•				
			•		
*Telephone Number: (310) 458-22	 96	Fax l	Number:		•
*Email: enny.chung@smgov.net		2 642 1			· · · · · · · · · · · · · · · · · · ·

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OMB Number: 4040-0004 Expiration Date: 04/31/2012

Application for Federal Assistance	SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type	C. City or Township Government	
Type of Applicant 2: Select Applicant Type:		
	- Select One -	
Type of Applicant 3: Select Applicant Type:		;
Type or represent a select represent type.	- Select One -	
*Other (specify):	- OCIOCI ONO -	
Other (specify).		
*10. Name of Federal Agency: Federal Transit Administration		
11. Catalog of Federal Domestic Assistance Nu	ımber:	
20-507		
CFDA Title:		
Federal Transit Administration		
·	j `	
*12. Funding Opportunity Number:		· •
*Title:		
•		
13. Competition Identification Number:	,	
Title:		•
,		
•	<u></u>	
14. Areas Affected by Project (Cities, Counties	s, States, etc.):	
City of Santa Monica, Culver City, City	of Los Angeles, Los Angeles County.	
		·
		, '
*15. Descriptive Title of Applicant's Project:		
FTA Section 5307 CMAQ Funds		
Attach supporting documents as specified	d in agency instructions	
Altered Supporting abeninents as specific	an agency monutations.	

OMB Number: 4040-0004 Expiration Date: 04/31/2012

Application for Federal 2	Assistance SF-424		Version 02
16. Congressional Districts Of:	Santa Monica, Los Angeles, C	ulver City, etc.	
*a. Applicant 29, 30, 32, 33,	34, 35, 36, 37, 38 *b. Progra	am/Project: 29, 30, 32, 33, 34, 35	, 36, 37, 38
Attach an additional list of Progr	am/Project Congressional Districts in	f needed.	
			•
17. Proposed Project:			
*a. Start Date: 11/10/11	*b. End Date:	6/30/2015	
18. Estimated Funding (\$):			
*a. Federal	\$3,200,000.00		
*b. Applicant	. , ,	,	
*c. State		•	
*d. Local	\$850,633.00		
*e. Other	Ψοσο,οσο.οσ		
*f. Program Income *g. TOTAL	\$4,050,633.00		
	Review By State Under Executive C	)rder 12372 Process?	
Yes No  21. *By signing this application, I herein are true, complete and acc with any resulting terms if I acce	t On Any Federal Debt? (If "Yes", p certify (1) to the statements containe urate to the best of my knowledge. I	d in the list of certifications** and (2) also provide the required assurances** e, fictitious, or fraudulent statements of	* and agree to comply
✓ **I AGREE			· · · · · · · · · · · · · · · · · · ·
· · · ·		·	
** The list of certifications and as agency specific instructions.	surances, or an internet site where yo	u may obtain this list, is contained in t	the announcement or
Authorized Representative:		·	
Prefix: Mr.	*First Name: Rod		*
Midd le N ane:			
*Last Name: Gould			
Suffix:			
*Title: City Manager	7	JEST NO	
*Telephone Number: (310) 458	3-8301	Fax Number:	
*Email: rod.gould@smgov.n			
*Signature of Authorized Represe	entative:	Date Signed: 11-19-12	

OMB Number: 4040-0004 Expiration Date: 03/31/2012

Application f	or Federal Assista	ince SI	F-424				
1. Type of Subn Preapplication Application Changed/C		⊠ No	oe of Application: ew ontinuation evision	If Rovision, select appropri	rlate letter(s):		
* 3. Date Receive	ed; B.gov upon submiselon.	4. Appli	cant identifier:				
5a, Federal Entity				5b. Federal Award Iden		ECEIVE	
	Tabilities			ob. Federal Award Ideal	mer.	NOV 2 a ser	
State Use Only:					STATE	· · · · · · · · · · · · · · · · · · ·	
6. Date Received	by State:		7. State Application	Idontifier:		GLEARING HOUS	
8, APPLICANT IN	vformation:						
* a. Logal Name:	City of Yreka		- HALLES AND				
° b. Employer/Tax 946001437	payer Identification Num	ber (EIN	/TIN);	° c. Organizational DUN 0870054350000	S:	·	
d. Address:							
" Street1: Street2: " City: County/Parish: " State: Province:	701 Fourth St.			CA: Callforni	.0		
" Country:				USA: UNITED STA	TES		
* Zlp / Postal Code	96097-3302	)					
e. Organizational	Unit:						
Department Name:			]	Division Name:			
f. Name and cont	act information of per	son to h	e contected on met	ters involving this appli	collan		·
Prefix: Middle Name;	ker		* First Name:	Stoven			
Title: City Mans	iger			100 III			
Organizational Affilia	Atlon:						·
* Telaphone Numbe	Эг: 530-841 <b>-</b> 2321			Fax Number:	, , , , , , , , , , , , , , , , , , , ,		
Email: sbaker@	ci.yreka.ca.us						

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pplication for Federal Assistance SF-424	
Type of Applicant 1: Select Applicant Type:	
City or Township Government	
pe of Applicant 2: Select Applicant Type:	
pe of Applicant 3: Select Applicant Type:	
Othor (apocify):	
	· · · · · · · · · · · · · · · · · · ·
0. Name of Federal Agency:	
vironmental Protection Agency	
Catalog of Federal Domestic Assistance Number:	
.018	
DA Title:	
ownfields Assessment and Cleanup Cooperative Agreements	
2. Funding Opportunity Number:	
A-OSWER-OBLR-12-07	
tle;	·
13 Guidelines for Brownfields Assessment Grants	
Competition Identification Number:	
);	
Areas Affected by Project (Cities, Countles, States, etc.):	<u> </u>
Add Atlachment Delete Attachment View Attachme	.nt
. Descriptive Title of Applicant's Project:	
y of Yroka Community-wide Assessment	
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	i
th supporting documents as specified in agency instructions.	

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16. Cangressional Districts Of:  - a. Applicant   (A-01)	Application	for Federal Assista						
Anach an additional list of Program/Project Congressional Districts If needed.    Add Altachment	16. Congressi	ional Districts Of:						
Add Attechment   Delete Attachment   View Atta	a. Applicant	CA-001			b, Progran	n/Project CA-00	1	
17. Proposed Project:	Attach en addit	lonal list of Program/Proje	ct Congressional Distri	cts if needed.				
* 5. Start Dista:   0.7/01/2013   * b. End Deles   0.7/01/2016    16. Estimated Funding (\$):  * a. Faderal				Add Attachme	nt Delete All	achment. Vie	w Atlachment	
16. Estimated Funding (5):  1a. Fedaral   400,000.00    1b. Applicant   0.00    1c. State   0.00    1d. Local   0.00    1d. Local   0.00    1f. Program Income   0.00    1g. TOTAL   400,000.00    19. Is Application Subject to Review By State Under Executive Order 12372 Process?  2 a. This application was made available to the State under the Executive Order 12372 Process for review on   11/30/2012    1 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  1 c. Program is an occurred by E.O. 12372.  20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes." provide explanation in attachment.)  1 'Yee', provide explanation and attach   Add Attachment   Deliste Attachment   View Attachment    11 'Yee', provide explanation and attach   Add Attachment   Deliste Attachment   View Attachment    121. 'By signing this application. Lordify (1) to the eletements contained in the list of cartifications* and (2) that the estatements herein are true, complete and occurred to the best of my knowledge. I also provide the required assurances* and agene to comply with any requiring forms of Lacavad. I an aware that any foles. Attachment   Instructions of the provide and provide a	17. Proposed	Project:						
*a. Federal 400,000.00  *b. Applicant 0.00  *c. State 0.00  *d. Local 0.00  *d. Local 0.00  *g. Other 0.00  *g. TOTAL 400,000.00  *19. It Program income 0.00  *g. TOTAL 400,000.00  *19. It Application Subject to Review By State Undor Executive Order 12372 Process for review on \$\lambda 1/30/2012\$.  *19. Is Application was made available to the Siste under the Executive Order 12372 Process for review on \$\lambda 1/30/2012\$.  *19. It is application was made available to the Siste under the Executive Order 12372 Process for review on \$\lambda 1/30/2012\$.  *19. Frogram is subject to E.O. 12372 but has not been selected by the Siste for review.  • c. Program is not covered by E.O. 12372.  *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes." provide explanation in attachment.)  *Yes \times No  If "Yes", provide explanation and stach  *21. "By signing this application, I certify (I) to the statements contained in the list of certifications" and (2) that the attacements herein are true, compilete and securate to the best of my knowledge, I also provide the required sequerances" and agree to comply with any resulting torms if I accept an award, I am ware that any falses, fictious, or frasultariative and agree to comply with any resulting torms if I accept an award, I am ware that any falses, fictious, or frasultariative and agree to comply with any resulting torms if I accept an award, I am ware that any falses, fictious, or frasultariative and agree to comply with any resulting torms if I accept an award, I am ware that any falses, fictious, or frasultariative and agree to comply with any resulting torms if I accept an award, I am ware that any falses, fictious, or frasultariative and agree to comply with any resulting torms if I accept an award, I am ware that any falses, fictious, or frasultariative and agree to comply with any resulting torms if I accept an award, I am ware that any falses, fictious, or frasultariative and agree to comply with any resulting torms if I accept an award, I am ware that any	• a. Start Date:	07/01/2013			* b.	End Date: 07/01	/2016	
*D. Applicant  C. State  C. State  C. O. OD  *d. Local  C. O. OD  *d. Combre  C. O. OD  *f. Program Income  C. O. OD  *g. TOTAL  *20. Combre  C. O. OD  *3. TOTAL  *20. Local  C. Program Income  C. O. 12372 but has not been selected by the State for review on  C. Program is subject to E.O. 12372 but has not been selected by the State for review.  C. Program is not covered by E.O. 12372.  *20. Local the Application Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)  Yes  No  If "Yes", provide explanation and stach  Add Attachment  Add Attachment  Deliote Attachment  View Attachment  View Attachment  *21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the attachments have in an attach complete and securate to the bast of my knewidege, I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalisties. (U.S. Code, Title 216, Section 1001)  **The list of cartifications and assurances, or an internet site where you may obtain this list, is contained in the amnouncement or agency specific instructions.  Authorized Representative:  Prefix:  **The list of cartifications and assurances, or an internet site where you may obtain this list, is contained in the amnouncement or agency specific instructions.  Authorized Representative:  **The list of cartifications and assurances, or an internet site where you may obtain this list, is contained in the amnouncement or agency specific instructions.  **The list of cartifications and assurances, or an internet site where you may obtain this list, is contained in the amnouncement or agency specific instructions.  **The list of cartifications and assurances, or an internet site where you may obtain this list, is contained in the amnouncement or agenc	10. Estimated	Funding (\$):						
*c. State  d. Local  d. Local  d. Local  d. Co. Other  d. Other  d	* a. Federal		400,000.00					<del></del>
*d. Local 0.00 *a. Other 0.00 *f. Program Income 0.00 *f. Program Income 0.00 *f. Program Income 0.00 *f. Program Income 0.00 *f. TOTAL 400,000.00  *f. Program Income 0.00 *f. TOTAL 400,000.00  *f. Start Supplication Subject to Review By State Under Executive Order 12372 Process for review on 11/30/2012  *g. This application was made available to the State under the Executive Order 12372 Process for review on 0.00 *g. Program is subject to E.O. 12372 but has not been selected by the State for review.  *g. Program is not covered by E.O. 12372.  *20. Let the Applicant Delinquent On Any Federal Debt? (If "Yes," previde explanation in attachment.)  *Yes No  If "Yes No  *Add Attachment Delete Attachment View Attachment  21, "By signing this application, I certify (1) to the statements contained in the list of certifications** and 2) that the attachments comply with any resulting terms if I accept an award. I am aware that any false, factitious, or fraudulent statements or claims may subject me criminal, chill, or administrative penalties. (U.S. Code, Title 218, Section 1901)  **TAGREE**  **The list of certificatione and assurances, or an internet sile where you may obtain this list, is contained in the amnouncement or agency specific instructions.  **Late Nerrie: Device:  **Late Nerrie: Device:  **This: Executive Director*  **This: Executive Director*  **This: Executive Director*  **This: Executive Director*  **Talephona Number: S30-842-1638  **Fax Number:  **Email: Conya@ataktiyoucounty.org*	b. Applicant		0.00				•	
*e. Other	^ c. State		0.00		•			
**19. Is Application Subject to Review By State Under Executive Order 12372 Process?  **2 a. This application was made available to the State under the Executive Order 12372 Process for review on			0.00		•			
**3. TOTAL 400,000.00  **19. Is Application Subject to Review By State Under Executive Order 12372 Process 7  **a. This application was made available to the State under the Executive Order 12372 Process for review on 11/30/2012  **b. Program is subject to E.O. 12372 but has not been selected by the State for review.  **c. Program is not covered by E.O. 12372.  **20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes." previde explanation in attachment.)  **Yes No  If "Yes", provide explanation and attach  **21. "By signing this application, Locrtify (1) to the statements contained in the list of certifications** and (2) that the attachment therein are true, complete and accurate to the bast of my knowledge, I also provide the required assurances** and agree to comply with any resulting tome if I accept an award. It am aware that any false, fictibus, or fraudient statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1991)  **The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  **Authorized Representative:  **Prefix:	* e. Other		0.00					
*39. TOTAL 400,000.00  *19. Is Application Subject to Review By State Under Executive Order 12372 Process 7  *2 a. This application was made available to the State under the Executive Order 12372 Process for review on 11/30/2012  b. Program is subject to E.O. 12372 but has not been selected by the State for review.  c. Program is not covered by E.O. 12372.  *20. Is the Applicant Dollinquent On Any Federal Debt? (If "Yes," provide explanation in strachment.)  Yes No  if "Yes", provide explanation and statch  Add Allachment Delete Attachment View Attachment  21. "By signing this application, I certify (1) to the statements centained in the list of certifications" and (2) that the attachments have in are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting tomes if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1991)  **The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  Authorized Representative:  **Prefix: First Name: Tonya  Middle Name:  **Dowse  Suffix:  **Title: Executive Director  **Telephone Number: \$530-842-1638  Fax Number:  **Email: Conya6siski/youcounty.org	*f. Program in	come	0.00			•		
*19. Is Application Subject to Review By State Under Executive Order 12372 Process 7    a. This application was made available to the State under the Executive Order 12372 Process for review on	•		400,000.00					
x a. This application was made available to the State under the Executive Order 12372 Process for review on      D. Program is subject to E.O. 12372 but has not been selected by the State for review.     C. Program is not covered by E.O. 12372.	·							
Add Attachment   Delete Attachment   View Attachment    21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the attachments herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims mey subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)    "I AGREE   "The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  Authorized Representative:  Prefix:	Yes	<b>⊠</b> No	•	r tes, provide e	xpianation in atte	onine ir.)		
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the atatements therein are true, complete and accurate to the bast of my knowledge, I also provide the required assurances" and agree to comply with any resulting terms if accept an award, I am aware that any false, fictillous, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)    X	ii tes, piovi	OC CAPIBITION OF BITE CHEC		Add Attachme	nt Delete Att	achment Vie	w Atlachment	
Prefix: "First Name: Tonya  Middle Name: "Laet Name: Dowse Suffix: "Title: Executive Dizector "Telephone Number: \$30-842-1638 Fax Number: "Email: tonya@siskiyoucounty.org	therein are true comply with a subject me to T i AGRE	ue, complete and accur iny resulting terms if I a criminal, civil, or admir E entifications and assurance	rate to the best of r ccept an award. I am nistrative penalties. (	ny knowledge, i aware that any f U.S. Code, Title 2	siso provide the sise, fictitious, or i 18, Section 1001)	required eeeuran fraudulent statem	ces <sup>se</sup> and agree to ents or claims may	<b>y</b>
Middle Name:  " Leat Name: Dowse Suffix;  " Title: Executive Director  " Telephone Number; \$30-842-1638  Fax Number;  Email: tonya@siakiyoucounty.org	Authorized Re	epresentative;				<del></del>		
Middle Name:  " Laet Name: Dowse Suffix:  " Title: Executive Director  " Telephone Number: \$30-842-1638	Prefix:		* Fin	at Name: Tonya				**************************************
* Last Name: Dowse Suffix:  * Title: Executive Dizector  * Telephone Number: 530-842-1638 Fax Number:  * Email: tonya@siakiyoucounty.org					<u> </u>		,	•
Suffix:  " Title: Executive Director  " Telephone Number: 530-842-1638 Fax Number: 530-842-1638		Dowse						· .
* Telephone Number: 530-842-1638 Fax Number: 530-842-1638 Fax Number:			BOOLER TO STREET STREET STREET STREET					
* Telephone Number: 530-842-1638 Fax Number: 530-842-1638 Fax Number: 530-842-1638	Title: Ex	xecutive Director						
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APPLICATION FO	R.			2. DATE SUBMITTED		App	licant Identifier
EDERAL ASSISTA		E		11/27/12			
TYPE OF SUBMISSION:  Application  Construction  Non-Construction	*****	Preapplication  Construction Non-Construction		3. DATE RECEIVED B	Y STATE	Stat	e Application Identifier
Non-Construction				4. DATE RECEIVED B	Y FEDERAL	AGENCY Fede	eral Identifier
. APPLICANT INFORMAT	ION			10 10 10 10 10 10 10 10 10 10 10 10 10 1		<del></del>	
Legal Name  Los Angeles County Me	tropoli	tan Transportation 2	Authority	Organizational Unit: Regional Prog	ram Mar	nagement	
Address (give city, state, and zij				Name and telephone nun area code)	iber of the pe	erson to be contacte	d on matters involving this application (give
One Gateway P Los Angeles, Ca		nia 90012-2952		Nela De Castr (213) 922-616			
	6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4401975				NT: (enter ap	propriate letter in b	ox) N
8. TYPE OF APPLICATION:    New				B County I C Municipal J D Township K E Interstate L F Intermunicipal	C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization		
A Increase Award B De	crease A	Award C Increase D	uration	G Special District			<del></del>
D Decrease Duration Other	er ( <i>spec</i>	ify)		State Chartere 9. NAME OF FEDERA	L AGENCY:		
				Federal Trans			OT.
10. CATALOG OF FEDERA ASSISTANCE NUMBER 20509	L DOM	ESTIC		11. DESCRIPTIVE TITE  Section 5309 Bus  Orange Line Bus E	s & Bus Fa	icilities – Bus I	Livability Initiative – Metro
•				Orange Line Bus E	manceme	int, CA-04-020	1
12. AREAS AFFECTED BY County of Los A			es, etc.)			· .	
13. PROPOSED PROJECT		14. CONGRESSIONA	L DISTRICTS OF				
Start Date		Ending Date	a. Applicant			b. Project	
03/26/12		04/30/15	Districts 28			Same as A	pplicant
15. ESTIMATED FUNDING			16. IS APPLICATI	ION SUBJECT TO REVIE	W BY STAT	E EXECUTIVE O	RDER 12272 PROCESS?
a Federal S		10,000,000.00		PREAPPLICATION APPI 12372 PROCESS FOR REV		VAS MADE AVAI	LABLE TO THE STATE EXECUTIVE
			DATE _1	11/27/12			
				ROGRAM IS NOT COVE			
			Оі	R PROGRAM HAS NOT B	EEN SELEC	TED BY STATE F	RECEIVED
b Applicant S		.00.					RECEIVED
c State S		12,000,000.00	<del> </del>				
d Local S		.00	<del>.</del>				NOV 3 0 2012
f Program Income		.00	17. IS THE APPL	ICANT DELINQUENT OF	ANY FEDE		
			Yes If'	"Yes" attach an explanation	<u> </u>	√o S'	TATE CLEARING HOUSE
g TOTAL	5	22,000,000.00					
18. TO THE BEST OF MY KNO GOVERNING BODY OF THE AI	WLEDG PLICA	E AND BELIEF, ALL DAT NT AND THE APPLICANT	A IN THIS APPLICATION WILL COMPLY WITH T	I PREAPPLICATION ARE TR HE ATTACHED ASSURANCE	UE AND CORI	RECT. THE DOCUM	ENT HAS BEEN DULY AUTHORIZED BY THE DED
a Typed Name of Authorized	Repres	entative			b Title	tion Planning	c Telephone number
RICHARD CHR					Manager	nou r minnig	(213) 922-6022
d. Signature of Authorized Re					e. Date Sign 11/27/12	ned	
a Typed Name of Authorized	Repres	entative	A IN THIS APPLICATION WILL COMPLY WITH T	PREAPPLICATION ARE TR	b Title Transporta Manager	tion Planning	c Telephone number



OMB Number: 4040-0004 Expiration Date: 03/31/2012

Application for Federal Assis	lance SF-424				
1, Type of Submission: Preapplication Application Changed/Corrected Application	*2. Type of Application:  X New Continuation Revision	* If Revision, se	lect appropriate letter(a): y):		
* 3. Date Received:	4. Applicant Identifier:				
11/30/2012	·				
Sa. Federal Entity Identifier:		5b. Federe	Award Identifier:	ECEIVEE	
		<u> </u>		NOV 3 0 2012	
State Use Only:	The same and a sale of the sal	- Idealifer	STATE	- C 291E	
6. Date Received by State:	7. State Application	n Identilier:	UAII-	CLEARING HOUS	Po
8. APPLICANT INFORMATION:		:			
a. Legal Name: City of Weed	The second section of the second seco				
* b. Employer/Taxpsyer Identification N 94-6050409	umber (EIN/TIN):	* c. Organia 0049527	rational DUNS:	p.	
d, Address:					
Street1: P.O. Box 470		n Hamilan			
° City:					
County/Parish:					
* State;		CA:	California		
Province:	Attention of the second of the	rica i	NITED STATES		
* Zip / Postal Code: 96094-0470	4021	JOHN C			
e. Organizational Unit:					
Department Name:		Division Na	me;		
f. Name and contact information of	person to be contacted on r	natters involvi	ng this application:		
Prefix:	* First Nar	ma: Ronal	i		
Middle Name:					
* Last Name: Stock	CONTRACTOR OF THE CONTRACTOR O	1411 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 -	A MALESTANIAN TO THE PROPERTY OF THE PROPERTY		
Suffix:					
Title: City Administrator					
Organizational Affiliation:					
					_
• Talephone Number: 530-938-502	20		Fax Number:		
*Email: stock@ci.weed.ca.us		The second secon	UI UMAIRE IR HOUSE		

Application for Federal Assistance SF-424	
* 9. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	
	•
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Environmental Protection Agency	
11. Catalog of Federal Domestic Assistance Number:	
66.618	
CFDA Titlo:	
Brownfields Assessment and Cleanup Cooperative Agreements	
12. Funding Opportunity Number:	
EPA-OSWER-OBLR-12-07	
• Title:	•
FY13 Guidelines for Brownfields Assessment Grants	
13. Competition identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Add Attachment Delete Attachment View Attachment	
And the State of Angell words Depleted	
*15. Descriptive Title of Applicant's Project:  City of Weed Community Wide Brownfields Assessment	
dity of weed community and are	
Attach supporting documents as specified in agency instructions.	,
Add Attachments Delete Attachments View Attachments	
11 Van Vracelliante   1 France Arterial Color   1 A	

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Application for Federal Assistance SF-424
16. Congressional Districts Of:  b, Program/Project CA=002
a, Applicant CA-002
Attach an additional list of Program/Project Congressional Districts if needed.  Add Attachment   Delete Attachment   View Attachment   View Attachment   View Attachment   Delete Attachment   View Attachment
Add Attachment Delete Attachment View Attachment
17. Proposed Project:
*a. Start Date: 10/01/2013 *b, End Date: 10/30/2016
18. Estimated Funding (\$):
*a. Federal 400,000.00
"b. Applicant 0.00
* c. State 0 . 00
* d. Local 0 . 00
* e, Other 0.00
* f. Program income 0.00
- g. TOTAL 400,000.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
X a. This application was made available to the State under the executive Order 123.2 1 13333 to 133.2
b. Program is subject to E.O. 12372 but has not been selected by the State for review.
c. Program is not covered by E.O. 12372.
* 20. is the Applicant Delinquent On Any Federal Debt? (if "Yes." provide explanation in attachment.)
☐ Yes ☒ No
If "Yes", provide explanation and attach
Add Attachment Delete Attachment View Attachment
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements
herein are true, complete and accurate to the past of my knowledge, I also provide the first complete and accurate to the past of my knowledge, I also provide the first complete and accurate to the past of my knowledge, I also provide the first complete and accurate to the past of my knowledge, I also provide the first complete and accurate to the past of my knowledge, I also provide the first complete and accurate to the past of my knowledge, I also provide the first complete and accurate to the past of my knowledge, I also provide the first complete and accurate to the past of my knowledge, I also provide the first complete and accurate to the past of my knowledge, I also provide the first complete and accurate to the past of my knowledge, I also provide the first complete and accurate to the past of my knowledge, I also provide the first complete the first complete and accurate to the past of my knowledge, I also provide the first complete the fi
subject me to criminal, civil, or administrative penalties. (0.5. Code, Title 216, Costlett 1777)
X **   AGREE
The list of certifications and easurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.
Authorized Representative:
Prefix: Tonya Tonya
Middle Name:
* Last Name: Dowle
Suffix:
*Title: Executive Director
*Telephone Number: 530-842-1638 Fax Number:
*Email: tonya@siskiyoucouncy.org
"Signature of Authorized Representative: Christy Dawson "Date Signed: 11/30/2012"

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OMB Number: 4040-0004 Expiration Date: 01/31/2009

*1. Type of Submission:    Presplication   New   RECEIVED     Application   New   Revision   Nut 3 0 2012     *3. Date Received:   Applicant identifier:   *5b. Federal Award Identifier:     *3. Date Received:   *5b. Federal Award Identifier:   *5b. Federal Award Identifier:     *3. Date Received by State:   7. State Applicant identifier:   *5b. Federal Award Identifier:     *3. Legal Name:   Chianatown Community Development Center, Fac.     *4b. Employer/Taxagayer Identification Number (EINTIN):   *c. Organizational DUNS:     *5d-reads**   Street:   1525 Grant Avenue     *5d-reads**   Street:   Stre	Application for Federal Assist	ance SF-424		Version 02
STATE CLEARING HOUSE  5a. Federal Entity Identifier:  5b. Federal Award Identifier:  5c. Creation Identifier:  5c. Creation Identifier:  5c. Corganizational Identifier:  5c. Corgani	Preapplication  Application	New Continuation		RECEIVED
State Use Only:  6. Date Received by State:  7. State Application Identifier:  8. APPLICANT INFORMATION:  * a. Legial Name: Chainatown Community Development Center, Inc.  * b. Employer/Taxpayer Identification Number (EINTIN):  94-2514053  6. Corganizational DUNS:  921778287  6. Corganizational DUNS:  921778287  6. Address:  * Street!:   1525 Grant Avenue		Applicant Identifier:		
8. APPLICANT INFORMATION:  * a. Legal Name: Chinatown Community Development Center, Inc.  * b. Employer/Taxpayer Identification Number (EINTIN):  94 - 2514053  d. Address:  * Street: 1525 Grant Avenue  Street2:  * City: San Franciaco  County: San Franciaco  County: San Franciaco  * State: CA: California  Province:  * 2/21/Postal Code: 94133-3323  e. Organizational Unit:  Department Name: Division Name:  Community Flanning  f. Name and contact information of person to be contacted on matters involving this application:  Prefix: Mrr. First Name: Mark  Middle Name:  * Last Name: Baldwin  Suffix: Title: Grants Nanager  Crantsatonal Affiliation:  Staff Member  Telephone Number: 415-984-1493  Fax Number: 415-362-7992	5a. Federal Entity Identifier:		* 5b. Federal Award Iden	
8. APPLICANT INFORMATION:  * a. Legal Name: Chinatown Community Development Center, Inc.  * b. Employer/Taxpayer Identification Number (EINTIN):  94 - 2514053  d. Address:  * Street: 1525 Grant Avenue  Street2:  * City: San Franciaco  County: San Franciaco  County: San Franciaco  * State: CA: California  Province:  * 2/21/Postal Code: 94133-3323  e. Organizational Unit:  Department Name: Division Name:  Community Flanning  f. Name and contact information of person to be contacted on matters involving this application:  Prefix: Mrr. First Name: Mark  Middle Name:  * Last Name: Baldwin  Suffix: Title: Grants Nanager  Crantsatonal Affiliation:  Staff Member  Telephone Number: 415-984-1493  Fax Number: 415-362-7992	State Use Only:			
8. APPLICANT INFORMATION:  * a. Legal Name: Chinatown Community Development Center, Inc.  * b. Employer/Taxpayer Identification Number (EINTIN):  94-2514053  d. Address:  * Street:   1525 Grant Avenue  Street2:  * City:   San Francisco  County:   San Francisco  * State:   CA: California  Province:    * Zity / Postal Code:   \$4133-3323  e. Organizational Unit:  Department Name:   Division Name:    Community Flanning    f. Name and contact information of person to be contacted on matters involving this application:  Prefix   Mtr.   * First Name:   Mtark  Middle Name:    * Last Name:   Baldwin    Suffix:    Title:   Grants Nanager    Organizational Affiliation:    Staff Member   415-984-1493    Fax Number:   415-362-7992	6. Date Received by State:	7. State Application	on Identifier:	
* b. Employer/Taxpayer Identification Number (EIN/TIN):  94-2514053  d. Address:  * Street!:   1525 Grant Avenue				
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2514053  d. Address:  * Street1:	* a. Legal Name: Chinatown Comm	unity Development Ce	nter, Inc.	
Street:   1525 Grant Avenue				):
* Street1:   1525 Grant Avenue   Street2:   * City:   San Francisco   County:   San Francisco   * State:   CA: California   Province:   * Country:   USA: UNITED STATES   * Zip / Postal Code:   94133-3323    e. Organizational Unit:   Department Name:   Community Planning   f. Name and contact information of person to be contacted on matters involving this application: Prefix:   Mr.   * First Name:   Mark   Middle Name:   * Last Name:   Baldwin   Suffix:   Title:   Grants Manager   Corganizational Affiliation: Staff Member   * Telephone Number:   415-984-1493   Fax Number:   415-362-7992		,	021778287	
Street2:  *City: San Francisco County: San Francisco  *State: CA: California Province:  *Country: USA: UNITED STATES  *Zip / Postal Code: 94133-3323  e. Organizational Unit:  Department Name:  Community Planning  f. Name and contact information of person to be contacted on matters involving this application:  *Last Name:  *Last Name:  *Last Name:  Baldwin  Suffix:  Title: Grants Manager  Corganizational Affiliation:  Staff Member  *Telephone Number: 415-984-1493  Fax Number: 415-362-7392	d. Address:			
*State:  Province:  *Country:  USA: UNITED STATES  *Zip / Postal Code: 94133-3323  e. Organizational Unit:  Department Name:  Community Flanning  f. Name and contact information of person to be contacted on matters involving this application:  Prefix:  Mr.  *First Name:  Mark  Middle Name:  *Last Name:  Baldwin  Suffix:  Title: Grants Manager  Organizational Affiliation:  Staff Member:  *Telephone Number: 415-984-1493  Fax Number: 415-362-7992	Street2:			
Province:  * Country:  USA: UNITED STATES  * Zip / Postal Code:  94133-3323  e. Organizational Unit:  Department Name:  Community Planning  f. Name and contact information of person to be contacted on matters involving this application:  Prefix:  Mr.  * First Name:  Mark  Middle Name:  * Last Name:  Baldwin  Suffix:  Title: Grants Manager  Organizational Affiliation:  Staff Member  * Telephone Number: 415-984-1493  Fax Number: 415-362-7992	County: San Francisc	:0		
* Country:  * Zip / Postal Code:  94133-3323  e. Organizational Unit:  Department Name:  Community Planning  f. Name and contact information of person to be contacted on matters involving this application:  Prefix:  Mr.  * First Name:  Mark  Middle Name:  * Last Name:  Baldwin  Suffix:  Title: Grants Manager  Organizational Affiliation:  Staff Member  * Telephone Number: 415-984-1493  Fax Number: 415-362-7992	* State:		CA: Californi	a
* Zip / Postal Code: 94133-3323  e. Organizational Unit:  Department Name:  Community Planning  f. Name and contact information of person to be contacted on matters involving this application:  Prefix: Mr. * First Name:  Mark  Middle Name:  * Last Name: Baldwin  Suffix:  Title: Grants Manager  Organizational Affiliation:  Staff Member:  * Telephone Number: 415-984-1493  Fax Number: 415-362-7992			UCA - UNITED CEA	mr c
e. Organizational Unit:  Department Name:  Community Planning  f. Name and contact information of person to be contacted on matters involving this application:  Prefix:  Mr.  * First Name:  Mark  Middle Name:  * Last Name:  Baldwin  Suffix:  Title: Grants Manager  Organizational Affiliation:  Staff Member  * Telephone Number: 415-984-1493  Fax Number: 415-362-7992			USA. UNITED STA	1185
Community Planning  f. Name and contact information of person to be contacted on matters involving this application:  Prefix: Mr. *First Name: Mark  Middle Name: *Last Name: Baldwin  Suffix:  Title: Grants Manager  Organizational Affiliation:  Staff Member  * Telephone Number: 415-984-1493  Fax Number: 415-362-7992		•		,
f. Name and contact information of person to be contacted on matters involving this application:  Prefix: Mr. *First Name: Mark  Middle Name: *Last Name: Baldwin  Suffix: Title: Grants Manager  Organizational Affiliation:  Staff Member  * Telephone Number: 415–984–1493  Fax Number: 415–362–7992			Division Name:	
Prefix: Mr. *First Name: Mark  Middle Name:  *Last Name: Baldwin  Suffix:   Title: Grants Manager  Organizational Affiliation:  Staff Member  * Telephone Number: 415-984-1493  Fax Number: 415-362-7992				
Middle Name:  * Last Name: Baldwin  Suffix:  Title: Grants Manager  Organizational Affiliation:  Staff Member  * Telephone Number: 415-984-1493  Fax Number: 415-362-7992	f. Name and contact information of	person to be contacted on	matters involving this appli	cation:
Organizational Affiliation:  Staff Member:  * Telephone Number: 415-984-1493  Fax Number: 415-362-7992	Middle Name:  * Last Name: Baldwin	* First Na	me: Mark	
Organizational Affiliation:  Staff Member:  * Telephone Number: 415-984-1493  Fax Number: 415-362-7992	Title: Grants Manager			
*Telephone Number:         415-984-1493         Fax Number:         415-362-7992				
Total India (413–304–1433				
	* Telephone Number: 415-984-149	93	Fax Number:	415-362-7992
*Email: mbaldwin@chinatowncdc.org				

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	_
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Economic Development Administration	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
* 12. Funding Opportunity Number:	
EDAPLANNING2012	
* Title:	
Planning Program and Local Technical Assistance Program	
13. Competition Identification Number:	
PL-TA	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City and County of San Francisco	
* 15. Descriptive Title of Applicant's Project:	•
Chinatown business technical assistance, tourism attraction and job training for immigrant youth project.	
	· · · · · ·
Attach supporting documents as specified in agency instructions.	
Add Attachments   Delete Attachments   View Attachments	

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application	for Federal Assistanc	e SF-424					Version 02
16. Congressi	onal Districts Of:						
* a. Applicant	8th			* b. Prog	gram/Project 8th		
Attach an addit	ional list of Program/Project 0	Congressional Districts if need	ed.				
		Add/Attachment De	elete Attach	iment V	iew-Attachment		
17. Proposed	Project:						
* a. Start Date:	01/01/2013			*	b. End Date: 12/31	./2013	
18. Estimated	Funding (\$):						
* a. Federal		100,000.00					
* b. Applicant		23,794.00					
* c. State		0.00					
* d. Local		21,206.00			* * * * * *		
* e. Other		55,000.00					,
* f. Program In	come	0.00					
* g. TOTAL		200,000.00		·			
* 20. Is the Ap  Yes  21. *By signin herein are tru comply with a	g this application, I certify the, complete and accurate ny resulting terms if I accurate.	Federal Debt? (If "Yes", prescription of the statements contact to the best of my knowled an award. I am aware the	tained in t edge. I als at any fals	ne list of cer o provide the	ie required assuran or fraudulent statem	ces** and agree to	
subject me to	criminal, civil, or administ	rative penalties. (U.S. Code	e, Title 218,	Section 100	1)		
** The list of o		or an internet site where yo	u may obta	in this list is	contained in the anno	ouncement or agency	
specific instruct		o, an internet site where yo	ay obto				
Authorized Re	presentative:						
Prefix:	Rev.	* First Name:	Norman				
Middle Name:							
* Last Name:	Fong						
Suffix:							
* Title: E2	secutive Director						
* Telephone Nu				Fax Number:	415-362-7992		
* Email: nfon	g@chinatowncdc.org						
<del></del>	uthorized Representative:	Completed by Grants.gov upon sub	mission.	* Date Signe	ed: Completed by Grant	s.gov upon submission.	